

Psychology Department Key Renewal Authorization Form

To: Psychology Staff

From: _____
(Please Print Faculty Name)

Quarter: _____

Student Name: _____

Coyote ID: _____

Student e-mail: _____

Student telephone #: _____

I would like the above-named student to have the following key(s) renewed:

Building: _____ Key No: RY _____

Room: _____ Issue #: _____

Building: _____ Key No: RY _____

Room: _____ Issue #: _____

Building: _____ Key No: RY _____

Room: _____ Issue #: _____

Building: _____ Key No: RY _____

Room: _____ Issue #: _____

Building: _____ Key No: RY _____

Room: _____ Issue #: _____

Faculty Signature

Date: _____

Please return this form to the Psychology Department (SB-425)